

TENNESSEE DEPARTMENT OF EDUCATION
Application for Renewal of Ten Year Professional Teacher License

PART 1 PERSONAL DATA

Last Name		First Name		Middle/Maiden		Teacher Number		
Social Security Number	Email Address		Telephone Number		Date of Birth		* Sex	* Race
Street/P.O. Box			City			State	Zip Code	

NAME/ADDRESS CHANGE

***OPTIONAL - Statistical Information Only**

(provide a notarized copy of the marriage license, divorce decree, or court order that has generated the legal change of name.)

PLEASE READ CAREFULLY BEFORE SIGNING

Answer the following questions if you have **EVER** held a Tennessee Teacher License or Permit (since the Tennessee License or Permit was last issued or renewed):

1. Have you been convicted of a felony(including a conviction or plea of nolo contendere)? ___ YES ___ NO
2. Have you been convicted of the illegal possession of drugs and/or narcotics? ___ YES ___ NO
3. Have you falsified or altered documentation required for licensure? ___ YES ___ NO

Signature _____

Date _____

- ____ **A.** I have a Professional License but did not teach in a Tennessee public or appropriately accredited private school prior to July 1, 1984. Please convert my old Certificate to an Apprentice License. No coursework required. *(If you have out-of-state experience please submit verification of your teaching experience on enclosed form for possible conversion to out-of-state license.)*
- ____ **B.** I have a Bachelor's Degree and I have been recommended for a Professional License. I am enclosing:
____ 1. A Professional License Renewal Computation Sheet verifying 90 renewal points.
(If coursework has been completed, please attach official transcripts.)
- ____ **C.** I have a Master's Degree or above and I have NOT taught five (5) years within the ten-year validity period of my Professional License. *(For example: validity period may be 1998-2008)*
____ 1. A Professional License Renewal Computation Sheet verifying 90 renewal points.
(If coursework has been completed, please attach official transcripts to computation sheet.)
- ____ **D.** I have a Master's Degree or above and I have taught five (5) years within the ten-year validity period of my *(For example: validity period may be 1998-2008)*
I am enclosing:
____ Experience verification form signed by my superintendent to verify at least five (5) years of teaching experience in an approved school.
(If all your experience is in Tennessee public schools you may omit this step and mail only this form.)
- ____ **E.** Renew my Professional Administrator License
(Renewed upon request-submit renewal application after March 1 of expiration year,

Please see GENERAL INFORMATION CONCERNING renewal credit for guidelines on appropriate credit.

ALL documents must be mailed in a *single packet* with this application. Do not send money.

TENNESSEE DEPARTMENT OF EDUCATION

Office of Teacher Licensing
5th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243-0377
Telephone (615) 532-4885